



<b>BUSINESS REGISTRATION</b>		
<b>BUSINESS APPLICANT INFORMATION</b>		
Name of Business:		Business Phone:
Physical Address:		
City:	State:	ZIP Code:
Mailing Address:		
City:	State:	ZIP Code:
Website Address:	Facebook Address:	How long in business at any location?
<b>BUSINESS OWNER INFORMATION</b>		
Owner(s) Name(s):		Driver's License #:
Owner(s) Residential Address:		Date of Birth:
City:	State:	ZIP Code:
Cell Phone:	Fax:	
Email:		
<b>BUSINESS PREMISES</b>		
Property Owner Name:		
Address:		Property Owner Phone:
City:	State:	ZIP Code:
Is there living space on the premise?    Yes    No    If so, how many?		
How many entrances/exits?		Property PIN#:
<b>MISCELLANEOUS BUSINESS INFORMATION</b>		
Have you registered your contact information with 911 Emergency Dispatch?    Yes    No		
Is there a secondary key holder? If so list Name and Contact info.    Yes    No	Secondary Key Holder Name:	Phone:
Is there an alarm system installed?    Yes    No    If so, please direct to 911 Emergency Dispatch.		
<b>EMERGENCY CONTACTS</b>		
Name	Address	Phone
<b>DESCRIPTION OF BUSINESS</b>		
Describe your business:		
Will there be more than one business/activity within said premise?    Yes    No    If yes, explain:		
<b>SIGNATURE</b>		
By signing below, I confirm that the above information is true and correct to the best of my knowledge and that any alarm system installed is directed to 911 Emergency Dispatch.		
Signature of applicant:		Date:

**\*\* Should this information change, please contact the Town of Sylva at [mainstreet@townofsylva.org](mailto:mainstreet@townofsylva.org) with updates. This will help fire and police contact you in the event of fire, break-ins or other issues.**

**TOWN OF SYLVA  
MUNICIPAL HALL  
83 ALLEN ST  
SYLVA, NC 28779  
(828) 586-2719**

**OCCUPANCY USE INSPECTION COMPLIANCE**

Inspection Certification *Fee: \$100.00*

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Business Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Change of Use  Yes  No      Previous Use \_\_\_\_\_ If Vacant, How long \_\_\_\_\_

**Business Registration Permit**    Date Application Submitted: \_\_\_\_\_    Fee Paid: Yes/No

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire**      In Compliance      Non-Compliance      Not Applicable

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

**Zoning**      In Compliance      Non-Compliance      Not Applicable

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

**Stormwater**    In Compliance      Non-Compliance      Not Applicable

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Other fees will apply for zoning and signs.*

Non-Compliance Reason

\_\_\_\_\_

\_\_\_\_\_